E+press MAI #EU 41448289545

Ptease type a plus sign (+) inside this box

PTO/SB/01 (10-00)

Approved for use through 10/31/2012, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PU030308 Attorney Docket Number **DECLARATION FOR UTILITY OR** Jeffrey Allen Cooper et al. **First Named Inventor DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) 1 **Application Number** □ Declaration ■ Declaration **HEREWITH** Filing Date Submitted Submitted after Initial OR With Initial Filing (surcharge **Group Art Unit** (37 CFR 1.16 (e)) Filing required) **Examiner Name**

				–			
As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Technique For Film	Technique For Film Grain Simulation Using A Database Of Film Grain Patterns						
the specification of which	the specification of which (Title of the Invention)						
is attached hereto					1		
OR							
was filed on (MM/DD/	as United States Application Number or PCT International						
Application Number	and	was amended on (MM/DD/	YYYY)	(ir	applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application			Priority	Certified Copy	Attached?		
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO		
			0		0		
				0			
				0			
				0	, O		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
ApplicationNumber(s		MM/DD/YYYY)					
60/527,895	December 5, 2003		numbers a a supplem	provisional app re listed on ental priority da 2B attached her	ta sheet		

[Page 1 of 4]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002, OMB 6551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Papenwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer or Bar Co						OR	⊠ €0	rrespondance address below	
Name JOSEPH S.	JOSEPH S. TRIPOLI								
Address THOMSON	THOMSON MULTIMEDIA LICENSING INC.								
Address P.O/ Box 53	312								
City					State 2				
PRINCETON				NJ C			08543-5312		
Country	y Telephone							Fax	
USA		(609) 7	734 - 9444				(609)	734 - 9700	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRS	T INVENT	ron:			A petition has b	een filed fo	or this	unsigned inventor	
Given Name Jeffrey Allen			Fai	Family Name Cooper					
- 0 22	4 1		1	or	Surname .	<u> </u>	1 -		
Inventor's Signature	ALL	L			. .			12/3/04	
Residence: City		56	ate	e Country		•	Citizenship		
Rocky Hill New			w Jersey	U	SA		_	S	
Mailing Address 11	Toth La	ne							
Mailing Address			•			, — · · · · · · · · · · · · · · · · · ·		·	
City	State	•		ZIP	Country		•		
Rocky Hill	New Jersey 0		0854	08540 USA					
NAME OF SECOND INVE	NTOR:			. 🗆	A petition has b	een filed fo	r this	unsigned inventor	
Given Name Jill MacDonald				Family Name Boyce or Surname					
Inventor's Signature Jul Mr. bods Buy			D	Date 12/1/04					
Residence: City		State	c	Country			Citizenship		
Manalapan New J		New Jerse	ey U	USA			US		
Mailing Address 3 Brandywine Court									
Mailing Address									
City	State			Τ,	ZIP		Co	Country	
Manalapan	New Jersey		- 1	08540		1	USA		
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, it any:	A petition has been filed for this unsigned inventor			
Given Name (first and middle	e [if any])	Family Name or Surname		
ALEXANDROS MICHAEL		TOURAPIS		
Inventor's Signature			1 Date 21 2709	
Residence: City West Windsor	NJ State	USA Country	GR	
Mailing Address 20212 Heather Drive	B			
Mailing Address				
City West Windsor	State NJ	08540 ZIP	USA Country	
Name of Additional Joint Inventor, if any:	any: A petition has been filed for this unsigned inventor			
Given Name (first and middle	e [if any])	Family Name or Surname		
Cristina		Gomila		
Inventor's Critina C	èmba.		Date 12/03/04	
Residence: City West Windsor	State NJ	08540	Citizenship ES	
Mailing Address 20212 Heather Driv	e	•		
Mailing Address				
City West Windsor	State NJ	Zip 08540 Country USA		
Name of Additional Joint Inventor, if any:				
Given Name (first and midd	e [if any])	Family Name or Surname		
Joan		Llach		
Inventor's Signature			Date 12/03/04	
Residence: City Princeton	State NJ	Country 08540	Citizenship ES	
Mailing Address 25C Chestnut Court				
City Princeton	State NJ	Zip 08540	Country USA	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any:	· A petition has been filed for this unsigned inventor				
Given Name (first and middl	e [if any])	Fan	Family Name or Surname		
ALEXANDROS MICHAEL		TOURAPIS			
inventor's Signature			Date		
Residence: City West Windsor	NJ State	Country	GR		
Mailing Address 20212 Heather Driv	e				
Mailing Address			·		
City West Windsor	NJ State	08540 ZIP	USA Country		
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor			
Given Name (first and midd	e [if any])	Far	Family Name or Sumame		
Cristina		Gomila	Gomila		
Inventor's Cristina C	anila.		Date 12/03/04		
Residence: City West Windsor	State NJ	08540	Citizenship ES		
Mailing Address 20212 Heather Driv					
Malling Address					
City West Windsor	State NJ	Zip 08540	Country USA		
Name of Additional Joint Inventor, if any:					
Given Name (first and midd	le [if any])	Family Name or Surname			
Joan	· · · · · · · · · · · · · · · · · · ·	Llach			
Inventor's Signature Date 12/03/04					
Residence: City Princeton	State NJ	Country 08540	Citizenship ES		
Mailing Address 25C Chestnut Court					
City Princeton	State NJ	Zip 08540	Country USA		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor				
Given Name (first and middle	e [if any])	Family Name or Surname			
PENG		YIN			
Inventor's Signature Pess	- -		12/01/2004 Date		
Residence: City West Windsor	State NJ	Country	CN Citizenship		
Mailing Address 65 Warwick Road					
Mailing Address					
Ctty West Windsor	NJ State	-08540 ZIP	USA Country		
Name of Additional Joint Inventor, if any:					
Given Name (first and middl	e [it any])	Family Name or Surname			
		<u> </u>			
Inventor's Signature	,		Date		
Residence: City	State		Citizenship		
Mailing Address					
Mailing Address					
City State Zip		Zip	Country		
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor			
Given Name (first and midd	le [if any])	Family Name or Surname			
Inventor's Signature		•	Date		
Residence: City	State	Country	Citizenship		
Mailing Address					
City	State	Zip	Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.